

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2 0 0 0 — 1 1

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130(d)

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 13,937

b. FFY 2002 \$ 18,616

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 5a  
Attachment 4.19-B, page 3a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Assistive Community Care Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Currently in review

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Bob Sharpe

14. TITLE:

Acting Deputy Director

15. DATE SUBMITTED:

September 15, 2000

16. RETURN TO:

Mr. Bob Sharpe  
Acting Deputy Director for Medicaid  
Agency for Health Care Administration  
Post Office Box 12600  
Tallahassee, Florida 32317-2600

Attention: Wendy Johnston

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 19, 2000

18. DATE APPROVED:

April 3, 2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grosser

22. TITLE:

Associate Regional Administrator  
Division of Medicaid & State Operations

23. REMARKS:

## **PERSONAL CARE/ASSISTIVE CARE SERVICES**

Personal Care/Assistive Care Services are provided to Medicaid eligible recipients requiring an integrated set of services on a 24-hour basis. Recipients must have health assessments establishing the medical necessity of at least two components of the integrated personal/assistive care services. The medical necessity must be determined by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under state law. All requirements of 42 CFR 440.167 will be met.

Eligible providers must be able to provide the integrated set of personal care/assistive care services on a 24-hour basis and maintain a standard license under Chapters 400.407, 400.468 or 394.875, F.S. Only trained personnel employed by the service provider will be able to provide care under this service.

The personal care/assistive care services are: health support, assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) and assistance with self-administration of medication.

Health support is defined as requiring the provider to observe the resident's whereabouts and well being, to remind the resident of any important tasks, and to record and report any significant changes in the resident's appearance, behavior, or state of health to the resident's health care provider, designated representative or case manager.

Assistance with activities of daily living is defined as individual assistance with ambulating, transferring, bathing, dressing, eating, grooming and toileting. Assistance with instrumental activities of daily living is defined as individual assistance with shopping for personal items, making telephone calls and managing money.

Assistance with self-medication administration of medication is defined as assistance with or supervision of self-administration to the extent permitted by state law.

Personal Care/Assistive Care Services will be provided based upon individual care plans developed from health assessments. The personal care/assistive care service provider is responsible for developing the recipient's care plan. Care plans will be reviewed by the Agency for Health Care Administration (AHCA) annually.

Amendment 2000-11  
Effective 1/1/2001  
Supersedes NEW  
Approval APR 05 2001

**PERSONAL CARE/ASSISTIVE CARE SERVICES**

Survey results of prospective service providers indicated that on average one-hour per resident per day would be needed to provide the personal care/assistive care service to residents

Each component of the personal care/assistive care service is similar to the care provided under personal care in the Medicaid waiver programs.

<b>Medicaid Waiver</b>	<b>Service</b>	<b>Ave. Per Hour Rate</b>
Aged/Disabled Adult	Personal Care	\$12.76
Project Aids Care	Personal Care	\$8.00
Developmental Services	Personal Care	\$9.27

The average reimbursement rate for the personal care services in Medicaid Waiver programs ranges between \$8.00 and 12.76 per hour. Since facility personnel providing the personal care/assistive care service will be required to have similar training, the per unit costs of providing the service will not exceed the current reimbursement rate for personal care services in the Medicaid waiver programs.

Based upon this information, reimbursement of personal care/assistive care services will be based upon a per diem payment that will be the average of the current per hour rate for personal care services included in the above-mentioned waivers. Payment to a provider will be limited to one hour per day. The per diem rate will not exceed the upper limit established through the application of the parameters of 42 CFR 447.304

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Effective 1/1/2001  
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Approval APR 05 2001